

Case Number:	CM15-0084270		
Date Assigned:	05/06/2015	Date of Injury:	10/16/1998
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old male with an October 16, 1998 date of injury. At the time (March 6, 2015) of the most recent evaluation submitted for review, there is documentation of subjective findings (lower back pain; leg pain; foot pain; pain scale rated at 7/10 with medications and 10/10 without medications), objective findings (use of a wheel chair due to paraplegia; bilateral knee and calf flaccidity; normal findings on upper extremities; spine benign; sacroiliac joint benign; bilateral hips benign) and current diagnoses (lumbago). Treatments to date included medications (currently taking oxycodone and OxyContin). The medical record identifies that medications helps control pain. The treating physician documented a plan of care that included a widget device for standard wheel chair to aid in propulsion.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Widget device for wheelchair to aid for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition, 2011. Medicare Determination Manual.

Decision rationale: The patient is a 47 year old male with an injury on 10/16/1998. He is a paraplegic with normal upper extremities. The requested device is a Wijit, not a widget as listed above. The requested device assists patients with driving, steering, turning and braking a manual wheelchair and avoids contact with the wheels of the wheelchair. It is medically necessary for this patient and is approved by Medicare for reimbursement. It improves the long term functional outcome of the patient's ability to do activities of daily living.